



# Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

## Home Language Survey (HLS) Penn-Harris-Madison School Corporation

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district/ charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the W-APT placement test will be administered to determine whether or not the student will qualify for additional English language development support.

**Please answer the following questions regarding the language spoken by the student:**

Today's Date: \_\_\_\_\_

Student Name \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

- What is the **native** language of the student? \_\_\_\_\_
- What language(s) is **spoken** most often by the student? \_\_\_\_\_
- What language(s) is **spoken** by the student in the **home**? \_\_\_\_\_
- In what country was the student born? \_\_\_\_\_
- Month and year the student arrived in the United States. \_\_\_\_\_
- Month and year the student started attending school in the United States. \_\_\_\_\_

By signing here, you certify that responses to the questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**\*\*\* IF a language other than English is listed on this form, please email a copy of this Registration Form (both pages) and birth certificate or other proof of birth to ENL ADMINS (enladmins@phm.k12.in.us). \*\*\***